PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 390174 STREET ADDRESS, 0 3941 COMME		(X2) MULTIPLE CONSTRUCTION: A. BLDG:00 B. WING: CITY, STATE, ZIP CODE: RCE AVENUE		(X3) DATE SURVEY COMPLETED: 03/03/2023	
STATE LICENSE NUMBER: 24511501			WILLOW GROVE, PA 19090				
(X4) ID PREFIX TAG	· ·			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CX5) COMPLETE DATE		COMPLETE
S 0000	This report is the result of a Special Monitor conducted onsite on March 3, 2023, for the of the Asplundh Surgical Center. The facility voluntarily closed the facility and surrende license. Based on the Closure survey, it was determined the facility was in compliance applicable Closure requirements of the Pen Department of Health's Rules and Regulati Ambulatory Care Facilities, Annex A, Title IV, Subparts A and F, Chapters 551-573, November 1999 and the current edition of Guidelines for Design and Construction of and Health Care Facilities.		e closure lity red their as with all ansylvania ons for e 28, Part the Hospital	S 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE					TITLE:	(X6) DATE:	

State Form 1KRR11 IF CONTINUATION SHEET Page 1 of 1



Certified End Page

ASPLUNDH SURGICAL CENTER

STATE LICENSE NUMBER: 24511501 SURVEY EXIT DATE: 03/03/2023

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Jeane Parisi

Deputy Secretary for Quality Assurance

fearre Janie

Debra L. Bogu MD

Debra L. Bogen, MD, FAAP Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY